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6-2464

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. *09060294*

FILING DATE

APPLICANT(S)

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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6-2404

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. <div style="text-align: center; font-size: 1.2em;">09060294</div>	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
101				1			51						
102				1			52						
103				1			53						
104				1			54						
105				1			55						
106				1			56						
107				1			57						
108				1			58						
109				1			59						
110				1			60						
111				1			61						
112				1			62						
113				1			63						
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119				1			69						
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122				1			72						
123				1			73						
124				1			74						
125				1			75						
126				1			76						
127				1			77						
128				1			78						
129				1			79						
130				1			80						
131				1			81						
132				1			82						
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41							91						
42							92						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						